

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Thelma Hayter, DMH
Scribe: Marcus Jeffers
Date: 7/09/2008
Time: 10:30 – 11:30 a.m.
Location: Wycliff – Conference Room 430

IPRS Division - EDS Team Attendees:

Cathy Bennett
Paul Carr
✓ Sandy Flores
✓ Mike Frost
✓ Thelma Hayter
Jamie Herubin
Eric Johnson
✓ Rick Kretschmer
Cheryl McQueen
Travis Nobles

Others:

Chris Ferrell
✓ Marcus Jeffers
Gary Imes
✓ Sharlene Bryant
✓ Myran Harris
Theresa Diana
✓ Wanda Mitchell
✓ April Taylor
✓ Dana Jackson

Attendees:

✓ Alamance-Caswell	✓ Mental Health Partners
✓ Albemarle	✓ Onslow-Carteret
Centerpoint	✓ OPC
✓ Crossroads	✓ Pathways
✓ Cumberland	✓ Sandhills Center
✓ Durham	✓ Piedmont
✓ Eastpointe	✓ SE Center
East Carolina Behavioral Behavioral Health	SE Regional
✓ Five – County MHA	✓ Smoky Mountain
Guilford	✓ The Beacon Center
✓ Johnston	✓ Wake
✓ Mecklenburg	✓ Western Highlands

Next Meeting: July 16, 2008

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.
Call the IPRS Help Desk – 1-800-688-6696, Option 4 or 919-816-4355 M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.qanda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	Upcoming Checkwrites - (cut-off dates) July 10, 17 and 26.
4.	<p>Agenda items</p> <ul style="list-style-type: none"> • Discuss the frequency of IPRS Core Team Call: Thelma Hayter started the call by asking all participating LMEs on the conference line if they wished to move forward by having the conference call once a month, twice a month or if the LMEs felt that they still would like them on a weekly basis. The majority of the LMEs agreed that twice a month, on the first and the third Wednesdays, would be sufficient. • Thelma continued by stating that next week would be the 3rd Wednesday of the month. So there would be a Core Team Meeting on 7/16/08. After which, there would not be another Core Team Conference Call until the first Wednesday in August (8/6/08). • IPRS Questions or Concerns: <p>Q: (Faye - Mecklenburg): I was looking at the IPDR3811 Budget Tracking Report. I noticed that not all the budget line items have been setup. So when can we expect that all of the budgets to be posted to the budget tracking report?</p> <p>A: (Wanda – Budget Office): As of July 1st, all past UCR dollars would be converted to non-UCR. Most likely Bonnie Morell will be sending out a LME alert about this. It is left on your preliminary allocation so that you would be aware of that funding. However; these funds would be re-aligned for non-UCR in your final allocation.</p> <p>Q: (Kelly - Durham): I have sent an email about our past dollars early this week. I think that it does appear in our budget and we have started to draw down that money.</p> <p>A: (Wanda – Budget Office): According the load of IPRS dollars, it was not suppose to load in past dollars. I will check on Durham specifically and any other LME that has any issues. It is not suppose to be earned under UCR this year.</p> <p>Q: (Kelly - Durham): I'm sorry, I'm mistaken. It is not there.</p> <p>A: (Wanda – Budget Office): Yes, everyone's past dollars should be excluded from IPRS budget uploads.</p> <p>Q: (Faye - Mecklenburg): I have a follow-up question to that. Is the same amount that was in our budget last year in there, or is it based on the amount of money we earned last year?</p> <p>A: (Wanda – Budget Office): The amount that was in your allocation for last year. We did not get that instruction from the General Assembly this year. What you will receive this year is what is on your final allocation plus any subsequent recurring dollars.</p> <p>Q: (Kelly - Durham): I just wondered if there was an update on the correction to the single stream report, IPDR3833?</p> <p>A: (Mike Frost - EDS): That project to include adjustments on this report is still in the testing phase. However, it is close to implementation.</p> <p>Q: (Terry - Eastpointe): As far as the 90 day approval Retro-Medicaid allows providers - I don't understand why IPRS recoups up to an entire year. This is becoming an issue because we will end up in the red and the provider not paying – for example: I have one provider that had claims recouped up to \$3,000 for the last year. However; that provider couldn't go back and bill Medicaid but up to the last 90 days in the past.</p>

	<p>A: (Thelma Hayter - DMH): I will follow up with some of the people in DMH Policy to see if it is possible to shorten the recoupments to 90 days instead going back an entire year.</p> <p>Q: (Kelly - Durham): We here in Durham also have this problem and we took it to the Provider Action and Judgments Committee and made them aware that we've pressed this issue in the past and that it had not been resolved. We are taking a lot of money back from providers and they are losing money because they can't seem to get approval from Value Options. So I think it still being discussed in several locations.</p> <p>A: (Thelma Hayter - DMH): Ok, I will continue to look into it and see what I can find out and if a future policy update with the 90 day Value Options limit and if that will be changed to match what the retroactive eligibility turns out to be, instead of the 90 day window.</p> <p>Q: (Terry - Eastpointe): I wanted to know if there are any IPRS services that are given to clients while they are incarcerated?</p> <p>A: (Thelma Hayter - DMH): This has definitely come up before. I know it is being discussed with DMH Policy. Unfortunately, it just depends on the situation. We cannot use Federal Funds to pay for services to individuals that are incarcerated. However; state only funds can be used to pay for those services. Currently, we are trying to put together a systematic way for this to work. The billing on the 837 would have to be changed in such a way that it identifies that this person is in jail and therefore only draw on state funds to pay for services rendered. This subject is still being discussed but this is one way that it will be possibly done. However; the answer right now is no, but you can use non-UCR dollars to pay for these services if you wish.</p> <p>Q: (Terry - Cumberland): I have a question on 90801 codes. This is for Clinical Intake for Psychiatric Diagnostic Interview Examination with a rate of \$135.16. Is the doctor the only one that is able to provide this service at that rate?</p> <p>A: (Thelma Hayter - DMH): Dana, could you possibly answer this question?</p> <p>A: (Dana – EDS Provider Services): They should be listed on the fee schedule on the DMA website. Or you could use the automated voice response system (AVRS) at 1-800-888-6696 and it will list the types and specialties that can bill this service.</p> <p>A: (Beth - Pathways): To add to that question by Cumberland... You could also go to the DMA website and find Clinical Policy HC which is the Outpatient Clinical Policy. It will give you a listing of the types and specialties and sorted codes that they are able to be billed.</p> <ul style="list-style-type: none"> • Billing For Provisionally Licensed Providers: Thelma continued the conference called by inquiring if everyone was up to date on billing for Provisionally Licensed Providers. She stated that some questions have been received after a clarification notification was sent out. Thelma said that she has forwarded these questions to contacts at DMA and a response is pending. <p>Q: (Tom – Western Highlands): I'm unsure if there is a different rate that should be associated with the claim if they are billing with the physician's ID number and the rate is based on the physician's fee schedule. Is it possible that rate could be different for someone with a different license such as an LCSW. So will the provider be reimbursed at the physician rate or their provisional licensed rate?</p> <p>A: (Dana – EDS Provider Services): It would be priced according whichever provider number is billed.</p> <p>Q: (Jeanna Lauffenberger): Is the IPRS and DMA system setup to accept the SU modifier for those that are going to be billed in that way.</p> <p>A: (Thelma Hayter - DMH): I don't think that the IPRS system will be accepting service codes with the SU modifier unless there are different rates.</p> <p>Q: (Kelly - Durham): To be more clear, providers can bill claims with the SU directly to Medicaid? Also, if we do happen to submit it to IPRS, will the claims deny?</p>
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	<p>A: (Thelma Hayter - DMH): No, the claims will not deny. Please refer to memo implementation update 44, page 4. This is where most of the information can be found on how to submit the billing when the service has an SU modifier..</p> <p>DMH and/or EDS Concluding Remarks:</p> <p>For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.</p> <ul style="list-style-type: none">○ Physician phone analyst (i.e. Independent Mental Health Providers)-4706○ Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707 <p>Roll Call Updates</p>
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